

SATURDAY, OCTOBER 18, 1873.

## ORIGINAL COMMUNICATIONS.

### THE THIRD INTERNATIONAL MEDICAL CONGRESS.

HELD AT VIENNA, AUSTRIA.

Reported by FREDERICK W. RUSSELL, M.D.

(Concluded from page 26.)

#### FOURTH SESSION.

THE fourth session of the Congress began at 9 A.M. of September 3, with Dr. GUNTHER, of Dresden, for President, and Dr. TOMASSICH and Dr. DRASCHE for Vice-Presidents, with Dr. OSER, Dr. WITLACIL, and Dr. DRASCHE, as a committee of reference. The question under discussion was, "The Subject of Quarantine, with Particular Reference to Cholera."

A little four-page sheet of suggestions and propositions was distributed by the reference committee, of which the following is a brief summary:

The cholera conference at Constantinople in 1866 had declared for the universal adoption of quarantine against cholera, because that incontestably offers a strong guard against the entrance of the plague, when conducted on a rational basis and in accord with the demands of science. Moreover, the present rules of quarantine are of less injury to commerce than the loss produced by a single invasion of the disease. Cholera must be fought at its place of origin before the process of extension begins. Regulations must be established upon principles which govern its transmissibility. Sanitary lines, though troublesome in a crowded population, can do much towards preventing the extension of the disease. As a basis of discussion, and in reply to certain questions, they advance the following points:

1. The essential influence of commerce in spreading the disease is undeniable.

2. Cholera is a preventable disease.

3. Quarantine regulations theoretically offer a protection against the spread of cholera.

4. Practically, however, the protective influence is considerably reduced, or quite destroyed:

(a.) Because a complete prevention is impossible.

(b.) Because there is ample time for the spreading of cholera in all directions between the first cases and the establishment of official control.

(c.) Because the time of incubation of the disease is longer than the appointed time for quarantine, and also because a person sick with the premonitory diarrhoea can spread cholera.

(d.) Because the escape from quarantine of a single case is enough to incite an intense epidemic.

(e.) Because irregular licenses, and false statements of captains and the public, are not to be avoided.

(f.) Because in countries with established inland commerce the protection of quarantine is one-sided, and therefore useless.

(g.) Because, as inland trade increases, and the

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net-work of railroads brings us nearer to the home of cholera, the power of quarantine must steadily decrease.

(h.) Because the hygienic conditions of the quarantine grounds not seldom tend as much to increase the pestilence as to check it.

5. The preceding facts give no clear demonstration of the sure advantage of quarantine. If, however, one country is preserved from the disease in this way, there are others which a much stronger quarantine does not save from fearful epidemics, and others which remain free in spite of notorious relaxation of quarantine.

6. From the great hinderance of quarantine to the interests of commerce, it is a question of the utmost moment to come to a clear decision as to its value. To this end an international commission is to be convened, to discuss these points, to fix upon the places for a sharp oversight, to report on the onward march of cholera, and to attend to the other causes of the spread of the disease.

7. Upon the grounds of these conclusions this commission is to frame an international law, from which no government, without permission of the others, can withdraw.

8. The decisions of the conference of 1866 are concise material for this purpose.

9. The isolation-laws of countries have to cease, at least for Europe.

10. Hospitals are to be constructed in accordance with hygienic laws.

11. The hygiene of trade by land and water is to receive particular attention at the hands of governments.

Dr. GUNTHER, after conveying his thanks for the honor conferred, expressed his strong hopes that through united effort a long step on a difficult road might be taken. The question had been restricted to cholera quarantine because the special discussion would be of great value as regards the general subject.

Dr. OSER, one of the referees, then read a long article, of which the following is a summary:

This question, of such intense interest to medical men, has a vast literature of hypothesis, plans for prevention and cure, which cannot stand the criticism of scientific investigation.

As regards the most important question, the influence of commerce, men say that further discussion is unnecessary, and that quarantine and restrictive measures seem useless. Most writers agree as to the vast influence of trade in spreading cholera, only Dr. Bryden, on the ground of Indian observations, coming to different conclusions. The monsoon theory must, among other things, explain how the great epidemic of 1818 travelled from Madras down to Bombay against a prevailing monsoon, why it spread over the whole country without regard to the direction of the winds, and, still further, why in 1865 it spread in every direction from Alexandria into Europe.

Cholera only travels along lines of trade, always passing inwardly from the harbors; and this is one of the best-established facts in our knowledge of the

disease. Since it is not found native outside of India, complete abolition of commerce would be absolute protection against cholera. But trade is not and cannot be suppressed: therefore quarantine cannot be universally protective. Its duration is too short, so that, after passing through quarantine and departing, cholera often breaks out among the passengers. It is even more difficult to restrict in thickly populated states with much internal commerce. Cholera has a preference for the land-routes. A ship offers no favorable ground for the development of a cholera, and ship-epidemics are very rare. Again, quarantine stations are like prisons, which every traveller regards with terror. The result of quarantine, stated by its warmest defendant, amounts to but very little. Witness Greece and America. Though the fact exists that where quarantine is in force cholera is diminished, the speaker asked if there was any proof of a causal relation of both forces. England has suffered less than almost any other country, yet she has never carried out a rigorous quarantine, in the idea that through it alone protection could be obtained. Countries with limited trade by the sea may be able to protect themselves through a strenuous quarantine, but its universal protective influence cannot be deduced from the facts yet presented. We know that commerce sustains an enormous damage, amounting to millions yearly. The Constantinople conference declares it much less than industry and trade suffer through an epidemic of cholera. An exchange of a cholera epidemic for a commercial trouble would be satisfactory to all, but now we put up with both.

The speaker advises, then, an international commission of tried and trusted experts, who shall, without fear or favor, make the most rigid and minute investigations into these questions,—the lines of travel of cholera,—and accurate statistics. The abolition of quarantine without any substitute cannot be expected. Again, what good does it do between two sea-ports where land-communication is carried on? Especial attention must be paid to the hygiene of trade by land and sea. Let us find no fault with the Mecca pilgrims, when we have our Lourdes and Kiew. A vigorous official supervision of all means of transportation, attention to the hygiene of sea-ports and places of entrance of cholera over railroads, are yet wanting. When first the help of all these regulations is obtained, when hygiene lends its aid in the shape of good drainage and good water-supply, and when the state finds that the practical meaning of medicine lies in hygiene, then epidemic diseases will be shut into narrow quarters, and a great obstacle will be presented to their onward progress.

Dr. SCHNEIDER, of Java, considered commerce the etiological force, to which he attributed the often slow progress of cholera and the time occupied in finding its way to America.

Dr. EULENBERG, of Berlin, having watched the march of an epidemic, was opposed to quarantine.

HASSAN EFFENDI said that cholera, commonly epidemic, was endemic on the banks of the Ganges. Travellers from India bring with them the implanted virus, which, under the proper circumstances, develops. Only thus could he explain

the fact of the advent of cholera into Europe since 1868, while no case has occurred in Egypt; further, the epidemic of 1865 was coincident with the arrival of pilgrims from India.

Dr. CARMINHOA, of Brazil, was opposed to quarantine, because it could not prevent the introduction of the disease.

Dr. WITLACIL thought the transmission of cholera was accepted by most physicians.

Dr. LUDWIG GRÖSZ, of Buda-Pesth, declared for the abolition of quarantine, except in the case of the cattle-murain.

Dr. GIACICH, of Fiume, favored quarantine on the same grounds as compulsory vaccination.

Dr. GREGORIC, of Belgrade, declared himself opposed to quarantine, because it was impossible to carry it out effectually, and because he believed in *the spontaneous development of this species of malarial disease*, and could bring forward cases of its occurrence in completely isolated districts.

#### FIFTH SESSION.

The fifth session was held September 3, at four o'clock P.M.

Dr. SCHNEIDER was opposed to land-quarantine, and considered the wind a factor in the diffusion of cholera.

Dr. WITLACIL said that a majority seemed opposed to land-quarantine. Two have favored it. Theoretically it is quite right, when one reasons that, as cholera is a transmissible disease, it is well to hinder that transmission and isolate every place where it appears. The facts are that quarantine does not prevent the spread of the disease, is not suited to European circumstances, is too disadvantageous to commerce, and should be abolished. The conditions of Egypt are not like our own. We must deal with our own conditions. Land-quarantine is an idea which it is absolutely impossible to carry out.

The President, Dr. GUNTHER, gave the expressed opinions of the cholera commission of Germany: a complete seclusion on land is impossible, and therefore restrictive regulations are without success.

Dr. HUMANN thought that if international regulations for quarantine on the sea were to be established, a glance at facts already gathered by experience of various countries would be of use. Norway is a country where only sea-quarantine can come into application, but where also, from the circumstances of a wide-spread commerce, a rich experience can be obtained with regard to quarantine.

In the years 1865 and 1867 there were no cases of cholera in Norway. In 1866 there were only 80 cases, of which 50 died. In this year, when cholera was abroad in Europe, no less than 3128 ships, from places where cholera was raging, came to Norway, of which 28 brought persons dead or sick with genuine cholera, and 25 brought suspected cases of cholera. The rules were—medical inspection of every ship which came from a cholera locality, and isolation of completely developed, as well as of suspected, cases.

The ships were brought to a certain locality and

purified, and the passengers at the proper time sent on shore, or the sick kept isolated on board until the cases were ended. Not one ship imported the disease on shore. The cases which did occur were imported. A ship from a non-suspected port having on board a case of cholera-diarrhoea, the disease extended to others of the crew, and to the ships near at hand in the harbor. Another source was a ship not thoroughly inspected. The third set of cases were brought into the mainland from a near district in Sweden; but no wide diffusion of cholera occurred from any. The cases were isolated, buildings thoroughly disinfected, and the system proved to be a protection against the disease.

Dr. GIACICH, of Fiume, declared that a bad system of sea-quarantine would get as many enemies as the land-system. It originated with Maria Theresa, and lasted forty days for each ship, whence the name. We do not know the incubation-time of cholera. Hence we must consider the length of time the voyage has continued, whether the ship is heavy, and what the cargo, whence she comes, and how many men she has on board,—since with a great cargo and numerous passengers the spreading of the disease is to be feared. The speaker believed that cholera diffused itself through the air, as well as from persons and clothing.

Prof. CROCQ, of Brussels, was an opponent of quarantine, because it is impossible to carry it out practically, and also because cholera has raged no more severely where quarantine was carelessly or not at all carried out than in countries where it was rigorously executed. It should be applied only to ships with the disease coming to ports where it does not exist.

Dr. SCHERZER, on the grounds of a very large private and official experience, considered quarantine not only insufficient, but also inhuman,—indeed, horrible. As the Chinese wall fails to keep out the contagion of European civilization, so will a complete net-work of lazarettos fail to keep cholera out of the country. By the great extension of the means of trade, quarantine is made an absurdity. A traveller embarking at Trieste for the Orient must delay fifteen days in Italy, Syria eleven days, and Constantinople eleven days more, in quarantine. In conclusion, the speaker felt obliged to demand the removal of quarantine in its present form.

Prof. CASTIGLIONE, of Rome, said that the idea that cholera attacked only filthy localities and people was not correct, for in 1854 over 5000 people were carried off in Brescia, the cleanest city of Lombardy, while the wretched Jews' Quarter of Rome escaped. The speaker was in favor of sea-quarantine, not as affording absolute protection, but because in certain cases it could be useful.

Dr. WITLACIL, in a review of the debate, remarked that all had spoken against sea-quarantine as at present conducted, though all believed in its application to a ship with the disease coming to a country at that time free.

The results of the votes then taken were not given until Saturday. The following resolutions were passed by large majorities:

1. Land- and sea-quarantine is to be abolished.

2. Sea-quarantine is to be temporarily continued, however.

3. An international commission for the study of the agencies which spread cholera, and for eliminating them from commerce, as well as for finding rules which shall give greater protection than the present ones, is to be appointed.

#### SIXTH SESSION.

The sixth session was held on Thursday, September 4. President, Dr. EULENBERG, of Berlin, assisted by Dr. HAMM and Dr. INNHAUSER, with Prof. BOHM as referee. The question was, "The Sanitary Management of a City, with Reference to Drainage and Water-supply."

Dr. BOHM gave the conclusions of the referees, as follows:

1. The purification and improvement of the city must be pointed out as an unavoidable demand from a sanitary point of view, and the study of the question is of the utmost importance.

2. For the conveyance of water to and from the houses, as well as channels for the surplus water, canalization is necessary in every city, and must be established in accord with hygienic demands.

3. The refuse of the inhabitants is to be conveyed away through rational means, in accordance with hygienic laws and the interests of the people.

4. In every case the circumstances of the city, the water-supply, the cost of engineering and management, the capability of paying, etc., must be all regarded.

5. As a rule, a good system in accord with hygienic demands can be made in a cheap and workable way.

6. The carrying off at least partially of fecal material, and of the greater part of the urine, is necessary.

7. Cities ought to engage in the discussion of these questions concerning the purification of the state and city, with the assistance of experts.

The discussion of these points briefly epitomized above was participated in by a number of gentlemen interested in the subject. The previous questions of the Congress seemed of so much consequence that I reported them more fully. Of this I can only say that Dr. ARADI, Prof. WARLOMONT, Dr. FOLWARCZNY, Dr. GRUBER, Dr. INNHAUSER, and others spoke, and in the afternoon session (No. 7 of the Congress) Dr. WITLACIL, Dr. EIGENBRODT, Major NIGRAS, and others.

These points mentioned above were officially adopted by the Congress by a vote of 156 out of 181.

#### EIGHTH SESSION.

The eighth session was held on Friday, September 5. President, Dr. ABDULLAH BEY, assisted by Dr. CARMINHOA and Dr. WITLACIL, with Dr. JOHANN SCHNITZLER for referee. The question was, "The general subject of Quarantine."

Dr. SCHNITZLER proposed—(1) That the present method of quarantine is untenable on many grounds, especially because it cannot be carried out sufficiently to protect against all epidemic



diseases, and is in daily conflict with commerce. (2) A series of quarantine rules must be provisionally retained. (3) The plan for the moment should be the calling of a permanent commission for the study of epidemic diseases, having in view the eventual establishment of international regulations.

Prof. CARMINHOA proposed—(1) International measures for the purification of the Ganges, the Nile, the Danube, and the American rivers emptying into the Gulf of Mexico. (2) Purification of places according to hygienic laws. (3) Quarantine for such ships only as come from suspected ports, or have disease on board which has broken out within fifteen days from the departure on the voyage.

Dr. WALLNER, of Trieste, Dr. BENEDICT, Dr. AUSPITZ, Dr. SPAETH, and Dr. KAPOSI, also spoke, and the Congress finally declared itself as follows:

Quarantine is to be restricted to the time necessary for the examination and disinfection of ships, crews, and passengers. If there be no sickness on board after disinfection, a free passage to be allowed. If sick persons be found, these are to be isolated, and the ship disinfected, with free passage afterwards.

Against yellow fever and the plague the previous rules remain in force.

The question pressing for solution now is how to change the existing quarantine laws in accordance with the points of view previously set forth.

A permanent commission on contagious diseases is to be appointed for a thorough study of the question in all its bearings, which can bring forward definite grounds for a universal sanitary code of laws.

#### NINTH SESSION.

The ninth session was held on Friday, September 5. President, Prof. RATTI, Rome; Vice-Presidents, Dr. CAPSA and Prof. BERNATZIK; Prof. BERNATZIK, Prof. SCHROFF, sen., and Dr. SCHROFF, jun., were the referees. The subject was, "The Establishment of an International Pharmacopœia."

On this point the committee, among other questions, asked, Is it possible to take one of the existing pharmacopœias for universal use? If this be declared impossible, can it be expected that a pharmacopœia written expressly for international use can serve the purposes of the various countries satisfactorily, as regards the choice, composition, and peculiarities of the remedies? And again, Can the object which is arrived at in the establishment of an international pharmacopœia be obtained in no other way, and what regulations must be established for the purpose?

The resolutions were declared on Saturday, and read as follows:

1. The Congress recognizes the need of an international pharmacopœia. This must contain the most essential and best-known remedies, the most necessary excipients and corrigents, with a precise description of their qualities and method of preparation; the Latin language to be used in the text, and in the relations of the components the decimal system.

2. The Congress wishes that for the future the metrical system be used in prescribing.

3. The Congress intrusts to the president of the Fourth Congress the organization of an international commission for the revision of the pharmacopœia.

#### TENTH SESSION.

The tenth session was held on September 5, at four o'clock P.M. President, Dr. RECLAM, of Leipsic, assisted by Dr. HUBNER, of St. Petersburg, and Dr. SCHNELLER. Referees, Prof. BENEDICT and Dr. WILLIAM SCHLESINGER. The question was, "The Social Standing of Physicians."

The questions submitted were as follows:

1. Is the practice of medicine to be free, and in what is this freedom to consist?

2. Is this freedom worth wishing for, and under what regulations is it to be commended?

3. Are there means for checking quackery, and, if so, what?

4. Are there cases where any physician can be called upon to give medical aid?

5. Is the official establishment of a medical tax advisable?

6. How can medical interest be best preserved?

Dr. WILLIAM SCHLESINGER made a long speech on the question, followed by Prof. BENEDICT, Dr. ABDULLAH BEY, Prof. CROCO, Dr. MARCOWIC, of Bucharest, Dr. MEDOVICH, of Belgrade, and others. The Congress declared itself in favor of the first point, but only on condition of similar antecedent and professional education and similar evidence in proof of authority to practise, and emphatically opposed No. 4.

#### FINAL SESSION.

The final session occurred on Saturday, with Prof. ROKITANSKY in the chair. Speeches were made by Prof. MAZZON, of Kiev, Dr. VAN DER LOO, and Major NIGRAS, who had spoken acceptably before, and made an earnest plea for Philadelphia as the next place of meeting.

Prof. ROKITANSKY gave a short review of the progress of the discussions, and declared the sessions closed.

The Fourth Congress will assemble at Brussels. During the sittings of the Congress a small number of experts in mental and nervous diseases have held daily sessions. Such men as Prof. MEYNERT and Prof. LEIDESDORF, of Vienna, Dr. NOSTER, of Marburg, Dr. WISLOCKY, and others, have met and discussed various points. The question, How can the insane be restored to sanity in the quickest way? was discussed at the first meetings. To Prof. MEYNERT was referred the question, How can we attain a natural method of treatment for mental debility?

A number of monographs and articles on various subjects were distributed among the delegates, or handed to the secretary for future publication.

In connection with the Congress there have been gatherings at the hotels in the evening, various receptions, a banquet at the "Kur-Saal" on Sunday evening, excursions to the new water-works of the city, and a trip by rail over the wonderful Söm-

mering road. Over eight hundred delegates have registered. Among them appears the name Baron Dr. SEYDEWITZ, representing the United States,—a gentleman who informed me that we have no good physicians in America (now that he has left, probably). This is another case of the unaccountable yet splendid mismanagement which has attached to everything we have tried to do here. Almost the only speaker we had at the Congress has been a perpetual disgrace since the Exposition opened, by reason of his riotous living.

The doings of the Congress have come in for a considerable share of criticism. Some articles have handled it without gloves. It is very evident that some questions thought to be already settled are to come up again. If I were to express a seeming sentiment among some of the more prominent members, I should regard it as not, upon the whole, a very satisfactory gathering.

#### GRAFTING THE SKIN OF A WHITE MAN UPON A NEGRO.

BY G. TROUP MAXWELL, M.D.,

New Castle, Delaware.

I WAS called in February, 1872, to see James Pearce, a negro, who had been shot in the face by the accidental discharge of a gun. The gun was loaded with bird-shot, and, as Pearce was only a few feet from its muzzle, the charge passed through the left cheek almost in as compact a mass as a solid ball, entering just at the outer border of the orbicularis muscle. The shot made a wide and deep furrow through the soft parts, completely severed the masseter muscle in its middle, and escaped at the posterior border of the ramus of the inferior maxillary bone, just below the lobule of the ear. The buccal mucous membrane and the bone were uninjured; but the wound involved all the structures lying exteriorly to them, and, as by retraction of the severed tissues the lateral dimension of the wound was considerably increased, it presented a horrible appearance, the ghastliness of which was increased by the charred and blackened effect of the burning powder.

An effort was made to contract the limits of the wound as much as possible, by approximating its sides as closely as could be done with adhesive strips and bandages; but, notwithstanding all the care that was taken, the sloughing was so extensive that there resulted a deep, disfiguring wound, of irregular shape, and covering nearly the whole left cheek.

To expedite the healing process, and to prevent, as far as possible, the disfigurement of an extensive cicatrix, I proposed to graft skin into the wound as soon as it presented a healthy granulating surface. This proposition having been assented to, I performed that operation in March, about four weeks after the injury was received.

Whilst making preparations for the operation, the idea of grafting the skin of a white man upon a

negro occurred to me; and, having obtained the consent of my patient to the procedure, I clipped from my own left forearm a piece of skin about the size of a dime, for the purpose. I also took a piece from his forearm, intending to graft both white and black skin.

These pieces of skin were divided into small fragments about the size of canary-seeds, and four of each kind were carefully inserted into the surface of the wound.

On the tenth day, the bandages and strips of plaster which held the grafts *in situ* were removed, and six of the eight grafts were discovered to possess vitality and to encourage the hope of success.

Unfortunately, that day, after the dressings had been changed, my patient got on a "spree," and, whilst intoxicated, destroyed four of the grafts. Happily for the success of my experiment, of the remaining two, one was white. These grafts grew finely, extending themselves in all directions, and assisted materially in closing the wound, which was quickly done.

Besides the wish to heal the wound as speedily as possible and with the slightest amount of cicatricial contraction, considerable interest was felt in the result of the experiment—which, so far as I am informed, had never been done before—of grafting the skin of a white person upon a negro. It was a source of gratification, therefore, to witness the growth of the white graft, and I watched its progress with peculiar pleasure. From the size of a canary-seed, it increased to the extent of about a half-inch in its greatest dimensions, and was of irregular form, with narrow points extending into the surrounding black surface.

Meeting Pearce on the road after the wound had healed, I readily distinguished the white patch in the side of his face, twenty to thirty yards distant. Upon examination at that time, dark-colored lines, forming a net-work in the white skin and giving it a purplish tinge, were discerned. These, I supposed, were blood-vessels. These vessels increased in size and number, producing a corresponding deepening of the color of the patch, until by the end of the third month the whole surface of the wound was of a uniform blackness. The white skin had lost its distinguishing characteristics.

Does not this experiment prove that the coloring-matter of the skin, its pigment, which varies in quantity in individuals as well as in races, is due to cells which are developed in the liquor sanguinis, and not to any peculiarity in the cells of the skin itself?

#### FATAL PERITONITIS FROM RUPTURE OF A PELVIC ABSCESS.

BY A. K. MINICH, M.D.

MRS. H., German, aged 30, mother of three children, after a few days of slight suffering from pain in the lower portion of the abdomen, and for which her husband administered Hamburg tea (the inevitable remedy among Germans), was suddenly attacked with very violent pain in the hypo-

gastric region. As I was not at home, another physician prescribed. About six hours later I found her in intense agony, abdomen tympanitic and painful to the touch, hurried respiration, and rapid wiry pulse. Death followed in about twenty hours.

Autopsy made one day after death, by Dr. Haynes and myself, revealed the following:

Peritoneum injected, showing everywhere traces of inflammatory change. Pus and liquid fæces low in peritoneal sac. The empty sac of a large abscess was found upon the upper left side of the uterus, the summit and side of which were partially attached to the colon of the corresponding side.

Treatment after the rupture of the abscess was, of course, unavailing. But had the abscess been discovered a few days earlier and a bistoury passed through the uterine wall into it, allowing the pus to escape via the uterine cavity and vagina, there is no doubt that she *might* have been saved.

3228 NORTH FRONT STREET, PHILA.

## NOTES OF HOSPITAL PRACTICE.

### UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. LOUIS A. DUHRING.

Reported by Dr. ARTHUR VAN HARLINGEN.

#### DERMATO-SYPHILIS.

**T**HIS man presents an eruption consisting of some half-dozen ulcers, grouped so as to form a semi-circular patch about three inches in diameter, on the arm, midway between the elbow and the axilla.

The appearance of these ulcers is characteristic of the disease: they are crescentic, vary in size from that of a pea to that of a large bean, have a deep, punched-out appearance, and are covered with a sanious, yellowish-gray exudation.

The patient states that he has never had chancre or other symptom of syphilis. He had an attack of gonorrhœa many years back.

About one year ago he noticed a small nodule or tubercle on his arm at the seat of the present eruption, followed shortly after by several others of the same nature, which eventually broke down and formed the ulcers for which he now seeks relief. These ulcers increased in size with remarkable slowness.

In spite of the total absence of any history of a primary lesion or of any of the earlier symptoms of syphilis, there can be no doubt that the sores are due to syphilis and nothing else. We need nothing more than these appearances to make our diagnosis. Should we in these cases rely on always obtaining a history of syphilis, we should often be very much at fault with our diagnosis.

The exceedingly slow course which the disease has pursued in the present case would almost lead us to believe that the patient had been under a course of antisiphilitic treatment; but he assures us to the contrary. We may therefore conclude this to be syphilis of a mild type, entitled to a very favorable prognosis. The patient will take the following:

R Potassii iodidi, ʒv ʒj;  
Tr. cinchonæ comp., fʒiv.

Sig.—One teaspoonful three times a day after meals.

Locally the ulcers are to be dressed with unguent. zinci oxid. and kept perfectly clean. Under this treatment we may expect rapid improvement.

[The patient appeared before the class a week later, much improved. The ulcers had lost their previously unhealthy character, and were granulating rapidly.—A. V. H.]

#### HEREDITARY INFANTILE SYPHILIS.

The history of this little patient is as follows. The mother has never had any syphilitic disease, but the father's record is more than doubtful in this respect, though nothing is positively known. Up to four years ago they had four healthy children; then the woman suffered two successive miscarriages. When this child was born it seemed weak and small, but to all appearance healthy, and no sign of disease manifested itself until it reached the age of four weeks. At that time it began to show unmistakable signs of syphilitic disease.

A "scurf," it is stated, appeared over the entire surface of the body, which peeled off in dry scales. Shortly after "sores" broke out on the head and feet, and the skin about the genitals became excoriated. Meanwhile the child's appetite failed, and it became weak and emaciated to the last degree.

Its condition to-day is decidedly better than when it first came under treatment a month ago, though still characteristic of hereditary infantile syphilis. The skin is sallow and wrinkled, the eyes are hollow, and the skin of the face has a dead, waxy look, with a drawn expression about the mouth. The whole aspect of the child, in fact, resembles that of premature old age and decrepitude.

In addition to these signs of general malnutrition, we have more positive evidences of disease. A scattered papular eruption exists over the body and limbs; there are also pustules about the soles of the feet, desquamation of the skin on the palms of the hands, and one or two small abscesses on the fingers. About the genitals there are, you will observe, a number of well-marked mucous patches. Considerable stuffing up of the nasal passages exists, but as yet there is no discharge. A thin, yellowish fluid oozes from one ear.

A case like this demands prompt and energetic treatment and yet great caution; for a very slight matter will often be sufficient to upset the balance of so precarious an existence, and cause the physician to be unjustly blamed.

The treatment adopted in this case has been as follows. At first baths containing corrosive sublimate were directed. Ten grains of the sublimate were to be dissolved in a wash-tub of water sufficiently warm, so that the little patient might not get a chill in the bath. In this bath the infant was to be immersed for ten or fifteen minutes, care being taken that none of the solution should be splashed into its mouth or eyes.

In many cases this treatment is sufficient. It was continued for about a week in this instance, and then, as the mother became apprehensive lest the child should die in one of the baths, they were discontinued, and another plan was adopted. Inunctions were directed of the following:

R Unguent. hydrarg.,  
Adipis, aa ʒss. M.

Of this ointment a piece the size of a pea was to be rubbed well into the skin of the abdomen and other parts of the body alternately, care being taken not to rub too frequently in any one locality, and to avoid abrasions.

Under the use of these inunctions decided improvement has taken place: the child sleeps well, his appetite is better, and his general appearance is much improved. The prognosis, however, can scarcely be called favorable,—the appearance of several large abscesses on different parts of the body showing such a tendency to disintegration of tissues as renders the prospect of recovery slight.



Before leaving the case, let me call your attention to the peculiar whining cry which the child utters from time to time, and which is to a certain extent characteristic.

## PHILADELPHIA HOSPITAL.

SERVICE OF DR. H. C. WOOD, JR.

Reported by Dr. J. WM. WHITE.

### TYPHOID FEVER—COLD PACKS—RELAPSE—RECOVERY.

**H**ANNAH McF., an unmarried woman, æt. 22, entered the medical wards of the Philadelphia Hospital, December 22, 1872, after having been sick for about three weeks. At the time of admission her pulse was 126, rapid and feeble; respiration 26 and labored; tongue heavily coated and fissured; abdomen covered with rose-colored spots and greatly distended; temperature 104°; bowels opened from three to five times daily, the passages being thin, offensive, and brownish. The patient was very drowsy, slept most of the time, and was awakened with difficulty. She was put on a diet of milk, beef-tea, and whisky, with small doses of laudanum and quinia; her stools soon became less frequent and of a better color, but with this exception there was no change in her condition until the 26th. Her temperature then reaching 104½°, she was placed in a wet pack at 75° twice during the day, and was allowed to remain there for two hours each time. This lowered her temperature 1.5°, improved her general condition, and lessened the severity of her symptoms. She expressed herself as feeling greatly relieved, and said that packing was very agreeable to her. On the 27th and 28th the packs were repeated, but on the latter day she had a profuse uterine hemorrhage, which was only controlled by the tampon, and the packing was therefore discontinued until the 31st. It was then recommenced, but was again stopped on January 2. During this time she suffered somewhat from pain in the chest, with a troublesome cough, and crepitant râles with dullness on percussion were found. Squills were given as an expectorant, turpentine stupes were applied, and the cough and pain disappeared. Until the 28th she was taking an ounce of milk-punch—equal parts of milk and whisky—every two hours, but after the occurrence of hemorrhage this amount was doubled. Her general condition from day to day may be tabulated as follows:

Date.	Packs.	Pulse.	Resp.	Temp.
Dec. 26, A.M.	2	118	27	104½°
P.M.		110	27	103½°
27, A.M.	2	118	27	104°
P.M.		126	29	104½°
28, A.M.	3	126	36	105°
P.M.		114	30	102½°
29, A.M.	0	116	30	104½°
P.M.		126	32	104°
30, A.M.	0	116	30	102°
P.M.		112	30	101°
31, A.M.	2	110	36	103°
6 P.M.		100	27	102°
Jan. 1, A.M.		100	27	100½°
2, "		94	27	98½°
3, "		94	27	99½°
4, "		94	24	99½°
5, "		94	25	99½°

From this date up to the 15th she steadily improved in every particular. On the 15th she had some pains in her bones, and was chilly and restless. On the morning of the 16th she got up and made her bed, having been out of it only once before, and then having

been assisted with great care to sit up a little while. Shortly after going to bed again on the 16th she was seized with a high fever, the pulse became thready and so rapid that it could not be counted, her respirations rose to 50, and her temperature to 105°. She was given two ounces of whisky hourly during the day, and one ounce at night whenever she was awake. A turpentine and fever mixture was also administered. She, however, grew rapidly worse, and became exhausted, stupid, and finally delirious. Packing was again resorted to. She was wrapped in a sheet wet with water at 55°, and in three-quarters of an hour her temperature fell to 103°, but an hour later it had gone back to 105°. After an interval of a couple of hours she was packed with a sheet at 32°. She made no complaint, and did not seem to find it unpleasant, but her temperature was reduced only one-third of a degree. This was late in the afternoon. The following morning, January 17, her temperature was still 105°, but her respirations had fallen to 30, and her pulse was only 125, and much improved under the whisky which had been given. About ten o'clock she was wrapped in a sheet at 32°, and kept there for an hour and a quarter, and this was repeated for a shorter time in the afternoon; but on neither occasion was there any distinct fall of temperature. She took an ounce of whisky each hour during the day.

18th.—Temperature 104°; general condition much better than at any time since the relapse. The packing was repeated, and whisky given as before.

19th.—Temperature 102.5°; packing discontinued; whisky given in smaller doses. Improvement was uninterrupted until the 22d, when there was an exacerbation of fever, the pulse rose to 168, and coarse, subcrepitant, sibilant, and creaking râles developed themselves posteriorly in both lungs. She was placed on muriate of ammonia, counter-irritation was freely applied, and she again grew better, until on January 28 her respirations were 30, her pulse was 118, and she was regaining her strength.

She now progressed steadily to complete recovery, and early in March was able to leave the hospital.

## PHILADELPHIA HOSPITAL.

Reported by JOHN M. KEATING, M.D., Resident Physician.

### CASE OF EPILEPTIC CONVULSIONS AND HEMIPLEGIA IN THE ADULT, APPARENTLY REFLEX AND DUE TO LUMBRICI.

**A** CASE which recently came under my notice in the medical ward of the Philadelphia Hospital, for the permission to report which I am indebted to Dr. J. L. Ludlow, Visiting Physician, may be of interest to those of your readers who are studying the subject of reflex action.

On the night of July 14, I was called to see a man who had been brought to the hospital a few moments before by a policeman. The officer stated that he had picked him up on the street unable to speak, and that therefore he could get no history from him. When seen by me he was just recovering consciousness, unable to articulate, but he evidently understood all I asked, as he shook his head yes or no to all my questions. His pulse was 90 and strong, and the heart-sounds were loud and normal. He was breathing heavily. The entire right side of his body, except the face, was paralyzed. The paralysis was both of motion and of sensation. He was ordered cut cups to the back of the neck, and about six or seven ounces of blood were drawn. The tincture of aconite root was given in three-drop doses, repeated as indicated, cold cloths ordered to be applied continually to his head, a drop of croton oil administered, and I left him for the night.

Next morning the pulse was beating 75. The oil had had no effect, and a dose of salts was now given. At 5 p.m. he could articulate a few words. He had vomited much during the morning, and the continued nausea was supposed to denote a complication at the base of the brain. Warm water had been freely administered, and he at last with much difficulty threw up a large lumbricus, after complaining of a continued pain in the epigastrium. The temperature of both limbs was the same; the pupils were normal and of equal size. Sensation was returning gradually. He was now able to speak much better.

July 16.—Sensation returning to right shoulder. He is to-day able to speak well. He says he is 33 years old, has never had syphilis, and was *never before paralyzed*. The improvement continued; cathartics were used for several days. Two days afterwards he was able to walk with the aid of a cane. About the fourth day from the commencement he was seized with a violent pain in the epigastrium similar to that from which he suffered when he vomited the worm several days before. This time he vomited nothing. At the end of the first week he had an attack resembling an epileptic convulsion, with marked spasmodic contraction of limbs, which after return to consciousness still affected the right side. There was once more entire paralysis of motion and sensation. After the attack he was cut-cupped, and a purgative ordered. This was followed by the passage of a large worm which was dead when discharged. In two days he was able to walk around the ward with the aid of a stick, sensation completely returned, and motion enough so as to give him almost complete control of his arm and partially of his leg. Anthelmintics were thought to be indicated, and oil of chenopodium was ordered in five-drop doses, followed by castor oil, but no worms made their appearance. Santonin was substituted, with like result. He had several slight convulsions, with but little increase in the paralysis. Bromide of potassium was prescribed, and under it and tonics he rapidly improved until August 11, when he was discharged at his own request, with scarcely any paralysis, and with but little loss of power remaining. These attacks were his first *epileptic fits*.

Upon inquiry I learn the following history previous to his admission to this hospital, through the kindness of Dr. David Maich, Jr. P. S. arrived in Philadelphia on the Baltimore boat, Saturday night (June 21, 1873). Sunday morning, after eating heartily, he started to walk to the country (the thermometer stood at 83° in the shade). The last thing he remembered was crossing the stone bridge on the Germantown Road. He had taken no stimulating drink, as he says he is a temperate man. He was brought to the Episcopal Hospital by a policeman at 11.30 A.M. He was unconscious when admitted. Temperature 98°; respiration slow, labored; no convulsions; pupils were normal. He was treated by ice to head and warmth to feet, whisky, etc. When he rallied he complained of headache.

The next morning he was placed upon twenty grains of bromide of potassium every six hours, and was discharged well on July 14. As the man's case was of much interest, I wished to follow up his history. But he had not reached the destination for which he started when he left us by the 22d of September, as I was informed by the Superintendent of the Howard Home for Disabled Soldiers. It appears that the attacks which brought him to the two hospitals were entirely dissimilar. In the second he was affected with paralysis, the recurrence of which was followed by the passage per anum of a dead worm; and the rapid recovery which enabled him to walk about the hospital within three or four days from the seizure denoted anything but a distinct brain-lesion.

## TRANSLATIONS.

### RESEARCHES UPON THE PHYSIOLOGICAL EFFECTS PRODUCED BY THE ABSORPTION OF THE SALTS OF SILVER.

By PROF. CHARLES ROUGET. Translated from the *Archives de Physiologie* for July, 1873.

BY FRANK WOODBURY, M.D.

THE experiments heretofore made by a number of observers to ascertain the physiological action of the salts of silver, M. Rouget believes, have yielded incorrect results, because in all of them the agent has been injected into the veins; thus producing accidents, which, although often directly due to the process employed, have been all attributed to the toxic agent.

In the experiments detailed by M. Rouget, on the contrary, this process has been avoided, and the argentic salt has been introduced into the organism by absorption; either from the cutaneous surface or by hypodermic injection into the cellular tissue, into the subcutaneous lymphatic sacs of frogs, or, exceptionally, into the peritoneal cavity. By this means the complications arising from the abrupt introduction of a foreign element into the blood are avoided, and the substance reaches the nutritious fluid slowly and a little at a time by absorption, as in the normal physiological condition.

Considering the question as still undecided, he has experimented upon animals from all the classes of the vertebrata and several orders of the mammifera, even descending to some of the invertebrata, insects, and crustaceans. The experiments upon the amphibia, in the larva and adult states, have been very numerous; the others have always been repeated upon several animals of the same species.

Solutions of the strength of  $\frac{1}{100}$  to  $\frac{1}{1000}$  of the argentic nitrate were first used; but later he substituted the solution of the chloride of silver or of the nitrate, dissolved in the hyposulphite of soda. The phenomena in batrachians produced by the introduction of the silver nitrate by absorption, approach closely in their appearance to those presented by frogs paralyzed by a feeble dose of curare: voluntary motion is suspended; respiration stops; reflex-movements, after having persisted some time, gradually disappear; the circulation alone continues, and is performed with regularity from one-half to two hours. These phenomena of argyric intoxication in batrachians seem to bear no relation to those reported of dogs in whose veins the silver salts have been injected.

After relating a number of experiments, he deduces these general results:

In all the experiments the salts of silver having been introduced by absorption, intoxication occurs later than following injection into the veins.

He has not had a single case of *instantaneous* death, even in a dog in which sixty centigrammes of hyposulphite of silver were injected into the cellular tissue.

Moreover, two centigrammes of the same salt, introduced in the same way, were tolerated by a dog who showed no evil effects whatever, while the same dose injected into a dog's veins by M.M. Rabuteau and Mourier produced fatal intoxication in twenty minutes.

At present, two opinions regarding the physiological action of the silver salts seem to exist: the one attributing the phenomena observed to an action on the nervous system (Orfila, Charcot, and Ball); the other, on the contrary, considering them as the result of a chemical change in the blood, producing the bronchial hypersecretion, and, in the sudden deaths, causing arrest of the heart's action by direct poisoning of its muscular fibres (Krahmer, Rabuteau, and Mourier).



In all the animals, vertebrata and invertebrata, the first phenomena declaring the poisoning are, without any exception, the troubles in the functions of the nervous and muscular systems of animal life, from feebleness or torpor to those of the most grave character, complete loss of voluntary motion, convulsions, contractions, and paralysis.

In the second place, appearing with more or less promptitude after the preceding, occur troubles of breathing: a function whose regular accomplishment depends not only upon physical and chemical conditions, but also upon mechanical ones governed by certain nerves and muscles belonging both to animal and organic life. One of the least contestable of the results in these new experiments is that these troubles of respiration, which are always present, are only in two species of carnivora, the dog and the cat, accompanied by pulmonary lesions and bronchial hypersecretion (to explain which others have suggested a chemical change of the blood). In all the other animals the troubles only exist in the mechanical portion of the respiratory apparatus, that is, the muscular and nervous systems, and the lungs are found after death healthy but contracted; a state which declares that in the muscles and nerves of the pulmonary parenchyma there exist troubles analogous to those in the external mechanical portion (convulsions, spasms, and permanent contractions). The special phenomena of hypersecretion, œdema and pulmonary congestion, only observed so far in dogs and cats, can equally be considered as a consequence of the action of the toxic agent upon the nervous system. When observing this access of convulsive suffocation, followed by the expulsion of flakes of bronchial foam, it is impossible not to be struck with the analogy which all this bears to the onset of asthma, especially to *astystole*, which terminates in asphyxia and death. The pulmonary lesions, œdema and congestion, seen in dogs thus poisoned, are the same as those found in asthmatic subjects, especially where death occurs from *astystole*. Besides, in all the lung-breathing vertebrata poisoned by the silver salts where there were no pulmonary lesions, we have always found immediately after death the lungs retracted and much less voluminous than usual. This results from contraction of the bronchial muscular fibres, coincident with that of the external respiratory muscles; which is considered by Cullen to be the immediate cause of asthma.

All the experiments prove that the vaso-motor system is the last to resist the toxic effects of this agent. By exclusion the troubles of respiration are explained by a toxic action upon the respiratory centres in the medulla itself, which governs not only the spinal nerves of the external respiratory muscles, but also the nerves of the bronchial muscles through the pneumogastrics. At a more advanced stage the centres of origin of the vaso-motor nerves of the lungs, confounded partly with those of the pneumogastric in the immediate neighborhood of these ganglia, are able, under the paralyzing influence of the toxic agent, to determine in the lung the phenomena of congestion and hypersecretion; resembling that seen in the liver and kidneys following mechanical irritation of the floor of the fourth ventricle. This hypothesis seems more in harmony with the observed facts than the one which attributes the pulmonary troubles to reflex action (Charcot and Ball).

In the inferior vertebrata, where a comparatively large dose acts more slowly than in the mammifera, and even in the mammifera if the dose be feeble, we are able to notice an increase in the excitability of the reflex centres. In the fish, batrachians, and saurians, one of the first evidences of the toxic effect is the substitution of violent convulsions for voluntary efforts. These convulsive movements persist, even augment in intensity, when voluntary motion is suspended; and, even after the

arrest of the circulation, external excitation, by shaking or even contact, produces reflex convulsions. When the respiration has ceased, mechanical excitation provokes the return of a few inspiratory movements with the convulsions. These experiments, whether by nitrate or hyposulphite of silver, show great analogy to the tetanus produced by strychnia-poisoning.

The assimilation of the therapeutic action of the nitrate of silver to that of strychnia, the property common to these two agents of setting in action the excitomotor power of the medulla, which Charcot had previously deduced from clinical observations, is therefore proved and corroborated by physiological experimentation.

The specific action upon the cardiac muscular fibre, causing sudden arrest of its action, which has been asserted by some observers, cannot be considered as sustained by these experiments. On the contrary, the action of the heart was in many cases the latest manifestation of life. Nor should we attach much more importance to the fact that the blood was tarry and coagulated badly in the dogs thus poisoned (M. Rabuteau), because this has been observed in all cases of sudden death from asphyxia. Cubic and prismatic needle-shaped crystals have also been found in the blood and white granulations, which were considered as chloride of silver, but which in reality are often found in normal blood after coagulation, and are the well-known crystals of hæmato-crystalline and of creatinin.

In seven experiments made on dogs and one cat, which presented all the symptoms of argyric intoxication after hypodermic injection of the hyposulphite of silver, the blood examined during the period of asphyxia, immediately after death, and the next day, showed neither crystals nor granulations of chloride of silver, but was normal; and only when it commenced to alter was there found, in one case only, the prismatic crystals of hæmato-crystalline. The blood of all the batrachians, saurians, fishes, birds, and the other mammifera examined under the above conditions has been found in every case perfectly normal, and presented no trace of granulations or crystals.

I do not deny, on the contrary I can only explain the special action of the silver on the nervous and muscular systems by admitting, that it circulates in the blood, mixed and combined with plasma, probably in the condition of an albuminate, thus being carried to the primitive elements of the tissues associated with the nutritive principles furnished them by the blood. Is the blood itself altered by that association, and has it lost any of its normal physiological properties? Nothing has shown it thus far, and the blood which carries in the organism a fatal dose of a compound of silver does not appear more altered than one which only contains a proportion of the toxic agent compatible with health and life and which produces only very slight or inappreciable effects. It seems that the blood plays the rôle of an agent of transport indifferent itself to the action of the toxic principle, at least in the methods of experimentation to which I have confined myself,—that is to say, when the salts of silver enter the blood by the way of absorption.

*Conclusion.*—Whatever may be the apparent variety of the phenomena which take place in the animals of different species, from the salts of silver introduced by *absorption* into the organism, these phenomena are always the direct consequence of the intoxication of the elements of the encephalo-rachidian nerve-centres, complicated in some cases by the intoxication of the muscular elements pertaining to animal life.

The blood which carries to the tissues the toxic substance, which it has received by the way of absorption, is not apparently altered either in its elementary composition or normal properties.

# PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF  
MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

*We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.*

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## EDITORIAL.

DR. SHARPEY, of London, has recently had a narrow escape from death, caused by his taking inadvertently a solution of atropia for quinine. The symptoms developed themselves very curiously, as nothing was felt calculated to alarm Dr. Sharpey, who knew he had taken atropia, but thought the solution was a weak one, until about 1 P.M., some hours after the mistake, when he fell suddenly senseless to the floor, where he was found by a servant attracted by the heavy fall. Dr. Thane was summoned, and arrived at the house in a short time. He says, *inter alia*:

"I found the patient sitting on the floor, supported by two servants, making futile efforts to rise. He was unconscious, and speaking incoherently at intervals. The skin was hot and pungent, face flushed, veins of forehead turgid, and head burning. Pupils slightly dilated, conjunctiva not injected, breathing natural, pulse 110, irregular, generally full, but varying much at intervals; heart's action irregular, and apparently obstructed; teeth and lips dry, and covered with sordes.

"We immediately placed him on the bed, but had great difficulty in keeping him there, as he was extremely restless and wanted to get up. He had no paralysis, moving all his limbs freely and forcibly.

"He became more restless and delirious, talking constantly about his affairs apparently, and busy with his hands, pulling the bedclothes about. On asking him loudly if he had any pain in the head, he replied, 'No pain whatever.'

"It now became impossible to keep him in bed, and very difficult to prevent his walking about. He ex-

pressed a constant and frequent desire to pass water, but did not succeed in doing so. The bladder was found empty on percussing the abdomen."

For the further details of the case, as given by Dr. Sydney Ringer, we must refer our readers to the London *Lancet* of September 27, contenting ourselves with the statement that Dr. Sharpey was very delirious all night, but by 9 A.M. the next day had entirely recovered consciousness.

Speaking of his own sensations, Dr. Sharpey writes:

"I have no recollection of this fall, nor of what occurred for some time after, but I was speedily attended to by Dr. Thane of Montague Street and his son, and at a later hour also by yourself.

"The first thing I can recollect is, that I was struggling with people in the room, among whom, as I afterwards learnt, were Dr. Thane and yourself, also my nephew, Mr. George Goodall, whom I at once recognized when he told me who he was. I suppose I must have been very fractious in my delirium. I imagined I had to go off by a railway-train which started at ten in the morning, and that the hour was approaching, whilst I had nothing ready for the journey; and I believe that I wished to dress, and to pack my things, but was thwarted and prevented by the people about me. At length I was persuaded that it was too late to catch the train, and agreed to wait till the evening. I may here explain that I had come from Scotland by rail on the previous Thursday. I then became sensible that I was lifted into bed, and ordered on no account to rise, which I thought a most unreasonable restraint, especially as I was tormented with irritation in the bladder, and almost incessant desire to pass urine, which was in very small quantity. In this way I passed a very restless night, but slept fairly in the morning. Meanwhile my head began to clear; I remembered having taken atropia, and then was able to attend to my condition with some degree of intelligence. I had an intense feeling of dryness in my throat, which I knew to be an effect of the poison; this abated towards morning; then, although I could move my body and limbs, it was only by a great effort, and when I raised my arms they felt as if made of lead. This I ascribed to partial paralysis of the motor nerves, and I watched with some interest the return of power as the night advanced. As to my sensations, they were not blunted, but I misinterpreted them. Thus, I felt a wet cloth on my head, but supposed I had been out in the rain without my hat; and a dose of bromide of potassium given to me I recognized as a saline solution, but imagined it was mineral water from the Airthry spring, which I had tasted on the spot some ten days before."

AMHERST COLLEGE has given its LL.D. to Dr. Nathan Allen, famous for his researches in vital statistics.

**R**ESPECTABLE physicians in this city have recently received through the mails a small pamphlet of sixteen pages devoted to the subject of medical electricity, and especially to its marvellous curative effects in diseases of all kinds as used by the utterer of the pamphlet and Madame his wife. Along with the usual clap-trap of free consultation, pictures of men with lumps ("fungus hæmatodes!") in the sternal region as large as their heads, and the same after three weeks' treatment with scarcely the trace of a scar, lists of references, certificates from persons who have been speedily cured of incurable disorders,—*en passant*, there is a suggestive resemblance between the literary style of the author and that of the writers of these letters,—along with these insignia of quackery is a proposal to practitioners of medicine offering ten per cent. of the fees obtained from victims sent to the author for electrical treatment. We have seen rampant quackery, we are accustomed to the barefacedness of charlatanism, but this offering of a sop to Cerberus seems to us the sublimest height of impudence ever scaled by genius! Who'll be the gugeon to take the bait?

## PROCEEDINGS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, SEPTEMBER 25, 1873.

THE PRESIDENT, DR. J. H. HUTCHINSON, in the chair.

**D**R. J. M. BARTON presented a pair of *fatty kidneys* from Mrs. C., æt. 49 years. She had been a healthy woman until she began to lose strength, about eight months ago. When the doctor first saw her, in the early part of September, both limbs were œdematous and greatly enlarged, which had been their condition for the previous four weeks; the right one was particularly large, and also the seat of an attack of erysipelas,—the immediate occasion of her requiring medical services. The urine was high-colored and scanty, and contained a large amount of albumen. On microscopic examination many free fat-globules and some hyaline casts were found. No fatty casts were discovered, though carefully sought. At first the patient improved, the erysipelas disappeared, the œdema diminished, the urine became increased in quantity and less high-colored; but on the 17th uræmic coma appeared, the case terminating fatally in forty-eight hours, during which scarcely any urine was secreted.

**Autopsy.**—Drs. S. D. Gross and Porter present. A few ounces of fluid were found in both the peritoneal and pleural cavities, particularly the left pleural. The kidneys were enlarged and quite white externally. On section a considerable quantity of fluid blood appeared at the most dependent portion. The capsule was readily separated; lungs and spleen healthy; liver cirrhotic; heart small, pale, and flabby, but with no evidence of valvular disease.

Dr. WILLIAM PEPPER presented a *heart showing*

*marked hypertrophy with dilatation, and also disease of the aortic valves, two of which were apparently fused into one, owing to a separation along the entire line where one of each of their ends was inserted into the aortic wall. The leaflet thus formed was reverted, so that free regurgitation took place.*

Dr. PEPPER also presented a *specimen of aneurism of the aorta dissecting into the walls of the right ventricle*, removed from a man who was admitted to the Philadelphia Hospital in the morning and died on the evening of the same day. The heart was also enormously enlarged, weighing thirty-five ounces. The pericardium was tightly adherent throughout. A tumor was found projecting itself into the right ventricle, forcing its way through the muscular structure of the heart, a part of the wall of the sac being covered by the lining membrane of the heart. On cutting into it, he found it to be an aneurism about four inches in diameter, partly filled with dark clotted blood and partly with decolorized laminæ of fibres. It communicated with the aorta just above the valves by a mouth an inch and a half in diameter. This aneurism of the aorta, arising behind one of the valves and enclosed in the pericardium, had attained such a size as to cause absorption of the muscular wall of the heart, or to force itself between the muscular trabeculæ, and finally to project itself as a round mass into the cavity of the ventricle. Death had occurred from rupture of this aneurism into the pulmonary artery, immediately above one of its leaflets, by an opening one-half inch in diameter. The left side of the heart is moderately enlarged, the walls are thickened, and the cavity dilated. The aortic valves are healthy.

Dr. ALISON presented, for Dr. J. C. WILSON, a *pair of contracted kidneys*. The specimens were removed from the body of a gentleman aged 76 years, who had during many months exhibited signs of impaired health, but refused to call medical aid until a short time prior to his death. When first seen, July 8, 1873, he presented symptoms of advanced renal disease, complete loss of appetite, vomiting on taking food, occasional puffiness of face and eyelids, and œdema of hands and feet, most marked in the left side, but at no time very great. The urine averaged from two to three pints daily, was light-colored and limpid. Owing to the fact that the quantity sent for examination was always small, its specific gravity was not ascertained; and, for the same reason, it may be, no casts of any kind were discernible in the slight flocculent sediment that it deposited on standing. On testing it for albumen, coagula were formed which varied in amount from one-half to one-third part of the total bulk of urine examined. The liver-dulness was slightly decreased; the heart-sounds were distant and feeble; there was no murmur.

August 23, the patient had a severe and prolonged epileptiform convulsion, and from that date until his death, on September 15, he showed a varying degree of mental dulness, and had occasionally slight convulsive seizures. It is interesting to note that there was no lividity of the skin or lips, except during the convulsions, although he was evidently suffering from uræmia.

At the autopsy the heart was found to be enlarged (dilated hypertrophy) and fatty. Its muscular structure exhibited upon microscopic inspection granular and fatty deposit, obliterating in many places the transverse striæ. There were atheromatous deposits at the bases of the aortic valves and in the aortic arch.

The liver was smaller than usual, but normal in appearance.

The kidneys were small, the contraction being most marked in their long diameter; the surface coarsely granular and studded with minute cysts, the capsule everywhere so tightly adherent that it was impossible to separate it from the kidney-substance, the cortex atrophied, the pelvis and calyces filled with fatty tissue.



The tissues of the body were everywhere loaded with fat. This gentleman was a good liver.

Dr. W. G. PORTER exhibited a *necrosed astragalus* removed from O. H., aged 22, laborer, a native of Wales, temperate in habits. He was admitted to the Presbyterian Hospital July 21, 1873. He was unable to speak a word of English, but the men who brought him stated that his foot had been injured by the caving in of a bank of earth. After careful examination by Drs. Allis and Hodge, a diagnosis of luxation of the astragalus inwards was arrived at. An unsuccessful attempt at reduction was made: this was within half an hour of the reception of the injury. The man was kept quiet in bed, and evaporating lotions were applied, until all inflammatory symptoms had subsided.

July 31st, he came under Dr. Porter's care. All pain and inflammation had disappeared. The dislocated astragalus could be distinctly felt beneath the skin, close behind the inner malleolus. He was kept in bed till the 17th of August, when he was allowed to rise and encouraged slowly and carefully to use the foot, first with crutches and then with a cane. On the 28th of August he was suddenly seized with a chill, followed by violent constitutional irritation. Sloughing of the integuments over the bone rapidly followed, and in a few days a considerable portion of the bone was exposed. The pulse was considerably excited, and the temperature varied from 102° to 104° for several days. The amount of suppuration was not very great, and on the 25th of September Dr. Porter removed the loose bone, by forceps alone, and without enlarging the wound; a portion of the bone, being soft, was crushed by the forceps during the removal, but the fragments were removed without difficulty.

Dr. J. H. CATHCART presented a pair of *cystic kidneys* from Mrs. G., æt. 45 years, married. She has been suffering from trouble with the lungs for the last eleven years; had typhoid fever eight years ago. Complained of pain in the left side, and at times in the back, resembling somewhat uterine pains. They yielded to small doses of anodyne, and the doctor thought they might be caused by flatulence. Only once was his attention called particularly to the urinary organs; and that was from the expulsion of a stone from the bladder. She then had not suffered any exacerbation of pain in the side or back. He asked her to save some of the urine, but she failed to do so, after repeated requests. It was not, therefore, examined.

The cysts in the kidneys were lined with inorganic matter of undetermined composition, but there was no calculus in the kidney or its pelvis.

Dr. JAMES TYSON thought the question might be raised as to whether these cysts were not the result of degeneration and breaking down of a cheesy deposit, or matter similar to that contained in the lungs; but he thought the view which ascribed them to an impacted calculus, even though none was found in the kidney post mortem, was the most reasonable one.

The PRESIDENT inquired the size of the calculus which had been passed.

Dr. J. S. PARRY said he first saw the patient in consultation with Dr. Cathcart about a year ago. She was then suffering with phthisis. He did not see the calculus, but, after a good deal of trouble in investigation, he concluded it must be as large as a filbert. Its expulsion was followed by a gush of urine, and great relief to the patient's symptoms.

The specimen was referred to the Committee on Morbid Growths, who reported as follows:

"Your committee have examined the kidney presented at the last meeting by Dr. Cathcart. The infiltrated zones of the ulcerated irregular patches in the cortical substance were carefully searched for any evidence of tubercle. Nothing having been found be-

yond the indurative thickening of all the connective tissue in the immediate vicinity of the ulcerations, your committee beg leave to report that they do not regard this as a case of 'phthisis renalis,' but as one of local sclerosis and destruction, such as would naturally ensue from the presence of a foreign body."

## GLEANINGS FROM OUR EXCHANGES.

ASPIRATION OF URINE (*The Clinic*, August 30, 1873).—Dr. James T. Whittaker reports the case of a young man, æt. 18, who, in the midst of a nightmare, leaped out of his window and fell forty feet upon a brick pavement. He was seen the next morning, when he was in apparent collapse, cold and pulseless, the abdomen distended to its utmost, and the face anxious. There were a Barton's fracture of the left wrist, a compound comminuted fracture of the same elbow, fracture of the horizontal ramus of the pubes, and terrible contusion of the left hip. A catheter was introduced with the greatest difficulty to the neck of the bladder, when four ounces of dark, grumous blood escaped, and afterwards a small quantity of urine. All subsequent attempts at catheterization proved futile. The membranous portion of the urethra could not be passed at any time, and it was believed that it was torn across at or near the neck of the bladder, and that the vesical orifice was closed by coagula. The catheter could be felt by the finger in the rectum to leave the urethra and glide along between the rectum and the bladder.

As the bladder was greatly distended, it was decided to use Dieulafoy's aspirator; and, accordingly, the urine was drawn off through a puncture made in the median line just above the pubes, the method being now so well known as to render description needless. The operation was repeated every morning for eight days, at which time a few drops of urine began to pass *per urethram*, and in two days more he could pass his urine as well as ever, and all abdominal symptoms subsided. He has now every prospect of a complete recovery. No precautions whatever were taken in making the punctures, and when the bladder was emptied the trocar was withdrawn in the same manner as the hypodermic syringe, without even making pressure upon the orifice.

Dr. Whittaker believes that capillary hypogastric puncture is a perfectly harmless operation; that in all cases it should be substituted for ordinary hypogastric puncture; that in a great number of cases it may, when only once practised, allow the surgeon to penetrate afterwards into the bladder through the natural passages; that in certain cases where catheterism is impossible it may be performed three or four times a day without any injurious effect, and thus permit the surgeon to gain time and restore the natural passages; and that, at the very least, it constitutes a palliative means of the highest importance. Quoting Dr. Little, the following rules are suggested for the operation:

"1. The patient should lie on his back, and, if the bladder is not much distended, the operation will be facilitated by slightly elevating the patient's hips by means of a pillow placed beneath them.

"2. The puncture should be made on or near the median line, from one inch to one inch and a half above the pubes, and should be made each time in a different place. In the case described, the punctures were about a line apart and extended over an area about half an inch in diameter. Mr. Watelet recommends the No. 2 capillary trocar; but in cases where cystitis exists and the urine is loaded with pus, mucus, or the phosphates, one of the larger trocars may be used with safety.

"3. The bladder may, when necessary, be washed out by filling the cylinder with water from the basin, and reversing the action of the instrument, without withdrawing the trocar from the bladder."

**MEAT-TEA.**—Bogoslowsky (*Arch. f. Anat. u. Physiol.*, 1872, 347, 428, and *Centralblatt*, 1873, p. 279) has re-examined the theories of Kemmerich in regard to the action of meat-tea, which was supposed by him to depend wholly on the potash salts contained therein. Bogoslowsky says that Kemmerich used too large doses, and that the fact that a rabbit can be killed not only by a large amount of beef-tea, but by the salts extracted from a similar amount, proves nothing except that both are (in enormous doses) poisonous.

With small doses the difference is a marked one. While, for example, a rabbit was killed by the injection of extract of 700 grammes (1 pound 10½ ounces) of meat reduced to 30 cubic centimetres (about 1 ounce), the ashes of the same quantity dissolved in 30 cubic centimetres of water produced in another rabbit only a transient acceleration of the pulse, and the animal completely recovered. Nine days after, it died in an hour and a half after the ingestion of the corresponding quantity of meat-tea.

It was shown that injections of warm water cause an increased rapidity of the pulse, but of meat-tea, a much greater and more lasting acceleration. The salts hardly differ from warm water, or, in larger doses, the acceleration may last somewhat longer.

The author was able to produce these phenomena to a slight degree in his own person, but in another individual did not succeed. After larger doses (10, 20, 30 grammes), in the latter case, the pulse fell, while the thermometer was unchanged. After 40 grammes gastric symptoms appeared, and the pulse rose. He concludes, as a practical result, that extract of meat is not so innocent a dietetic substance as is generally supposed, but always calls for care in its administration. (If Liebig's or any similar extract is here referred to, it would seem that the danger is not great unless the quantity used considerably exceeds that mentioned in the directions accompanying the packages.)

In endeavoring to determine to what ingredient meat-tea owed the excess of its action over that obtained from the salts, Bogoslowsky found that creatinin, which exists in extract of beef in considerable quantities, when injected either into the jugular vein, under the skin, or into the stomach, produced a slight acceleration of the heart's beat, but he could not get any fatal effect.

From all which it appears that the stimulant action of ordinary doses of beef-tea is due partly to the warm water, the salts, and the creatinin. It would seem, however, from the observations last quoted, that the presence of creatinin is not sufficient to account for the difference between the action in beef-tea and the salts obtained therefrom. It is only in exceedingly large doses that the salts alone are sufficient to account for a fatal effect by their depressing action upon the heart.

Leube (*Berliner Klin. Wochenschrift*, 1873, Nos. 17 and 19, and *Centralblatt*, 1873, p. 491) has made use of the following method of preparing a solution of meat, to replace the complicated and costly process of Meissner with natural pepsin, which is, besides, objectionable on account of the disagreeable taste and smell of the product. 1000 grammes of lean beef is placed in a porcelain pot, with 1000 cubic centimetres of water and 20 cubic centimetres of pure hydrochloric acid. The mixture is heated in a Papin's digester for ten or fifteen hours, and occasionally stirred. The mass is then rubbed down in a mortar to the consistence of an emulsion, and boiled fifteen or twenty hours more without the cover of the digester being lifted. It is then neutralized with carbonate of soda, evaporated to the

consistence of a pap, divided into four portions, and dispensed in pots.

The muscular fibres are broken up to a fine detritus, and the greater part of the albuminoid constituents is dissolved. The preparation is well borne and willingly taken, but it is better to use some other easily digestible food therewith,—in order not to disgust by too constant use. The taste may be improved by the addition of Liebig's extract.

The solutio carnis has been used in acute gastric ulcer and in chronic dyspepsia. It is supposed to give rest to the stomach by sparing it the labor of digestion, the albuminoids being already converted into peptones. —*Boston Medical and Surgical Journal*.

**ESMARCH ON THE PREVENTION OF HEMORRHAGE DURING OPERATIONS.**—In the *Berliner Klin. Wochenschrift*, No. 32, 1873, is reported Professor Esmarch's method of preventing hemorrhage during operations. At the second congress of German surgeons, he made an important communication, "Ueber Blutersparung bei Operationen an den Extremitäten." In a few words, the plan consists in emptying as much as possible the blood from the extremity to be operated on before commencing the operation, and then, during the operation, preventing, by powerful compression, any blood from gaining access to the limb.

For instance, when a sequester is to be removed from the tibia, an elastic or other bandage is to be applied from the tip of the toes to the middle of the thigh whilst the patient is being chloroformed. This must be applied tightly enough to drive the greater part of the blood in the capillaries and veins towards the heart. Above the bandage an india-rubber tube, about as thick as the thumb, is then stretched tightly around the thigh, so as completely to arrest the circulation. If the subject be muscular, a pad is placed over the course of the chief artery.

The bandage may now be removed, and the operation commenced. The skin of the limb is quite pale, and no pulse to be felt anywhere in it. With the first incisions, a little dark blood may come away from the deep veins, but this speedily ceases, and the operation may be completed *wie an der Leiche*; no more blood flows than from a corpse, and the operator is not embarrassed by the blood welling up in the wound, nor by the assistant's sponges. Those accustomed to the often profuse bleeding during operations for necrosis will hail this innovation with delight. The hemorrhage is sometimes dangerously profuse, while it is difficult to control, and renders the operation more difficult. Dr. Esmarch observes that the sensation he experienced when he first employed this method was one of lively regret that so simple and efficient an expedient had not been before resorted to.

The reporter has tried this method himself in a case of necrosis of the tibia; and he is able to state that during the entire operation, lasting nearly a quarter of an hour, not one single drop of blood flowed, and the wound remained perfectly dry throughout. Every portion of the wound remained unobscured by either the oozing of blood or the sponges of the assistants. The facilities thus afforded to the operator were very great, whilst the patient, a very delicate weak child, was surely better for being saved all loss of blood. No unpleasant effects attended the use of the elastic apparatus. His colleague, Mr. Arnot, has since tried it in an excision of the knee-joint. Not a drop of blood flowed during the half-hour the operation lasted. This plan will no doubt be extensively resorted to. —*William Mac Cormac, in London Medical Record*.

**MENSTRUAL JAUNDICE.**—The close relation existing between disturbances of the female sexual organs and

affections of the liver is well known, to which is perhaps due the relative frequency of hepatic disease in females. Senator has recently contributed an article in which he draws attention to the hitherto apparently unobserved coexistence of menstrual disturbances and jaundice. Four cases are recorded, in all of which, up to five repetitions, before or during the menstrual period, with slight or no loss of blood, jaundice appeared, continuing several days, and accompanied by corresponding constitutional disturbance and gastric derangement. With the appearance of a more copious flow the symptoms disappeared, leaving the patient well up to the next menstrual period. It was evident that the cause was biliary obstruction, from the simultaneous enlargement of the liver, the clay-colored stools, and the presence of biliary salts in the urine, which were detected in one case. One of the patients complained of hemorrhoids for the first time during this period. Another of the cases was interesting in having been affected three times during the first months of a pregnancy, one and a half year before the occurrence of the attacks of menstrual jaundice, with jaundice benign in character, which is remarkable, as jaundice is usually malignant when occurring in connection with pregnancy.

Senator accounts for this condition by a hyperæmia of the liver, which can easily cause swelling of the mucous membrane of the biliary passages, and their consequent occlusion. It is well known that obstructed menstruation is frequently accompanied by hyperæmia of the liver, as also of other organs, as the thyroid body, and that vicarious menstruation from the stomach, lungs, nose, etc., takes place.

Though the disturbances occasioned by menstrual jaundice may be slight and transitory, remedial interference is nevertheless recommended, to prevent the possibility of the accession of some severer form of hepatic disease. In the above cases the use of the warm bath, with the internal use of Carlsbad salts, with moderate diet, was found beneficial.—*New York Medical Journal*.—*Centralblatt*, 1873, No. 14.

**TREATMENT OF THORACIC ANEURISM BY ELECTRO-PUNCTURE.**—The patient with thoracic aneurism, whom Mr. Beck has been treating by means of electro-puncture, died on Tuesday night. He was suffering from a large and rapidly growing aneurism of the descending aorta, which not only caused bulging of the lower ribs on the left side, but had eroded several of them, and gave rise to a pulsating tumor just below the angle of the scapula. Mr. Beck first operated on the 2d instant; he inserted the wires into the most prominent part of this tumor, and passed the current between them for about an hour and a quarter. The effect, as we stated in the *Journal* of the 6th instant, was very encouraging; the tumor became decidedly firmer, the impulse less heaving, and the pain was greatly diminished; there was no irritation about the seat of puncture. This improvement lasted five or six days, when the impulse became stronger, and the tumor began again to enlarge. On the 10th Mr. Beck repeated the operation; but this time the improvement was but slight, and of a still more fugitive character. A few days afterwards, it was found that some inflammation had been set up round one of the punctures; and, on pressure, a small quantity of pus escaped. The aneurism, though it never became absolutely diffused, now spread rapidly under the skin of the back, and it was found that the dulness was extending upwards over the left side of the chest; that the heart was being pushed more and more to the right, and the lung becoming compressed. The aneurism, as the necropsy showed, had burst into the left pleura. The patient gradually sank, and died of exhaustion. Before death, the skin round the inflamed

puncture had become quite dark and gangrenous. The lesson from this case is, that treatment by electricity must be commenced at an early period of the disease, in order to give any prospect of success. That it does induce extensive coagulation in the sac, seems evident; and it is very desirable that any method which gives reasonable hopes of curing what has hitherto been a necessarily fatal disease should be thoroughly tried before being condemned.—*British Medical Journal*.

**THE USE OF ERGOT.**—Dr. T. K. Spendee writes (*British Medical Journal*) as follows: "I have given ergot in some cases of neuralgia, according to the advice of Dr. Woakes, of Luton; but, though I have had particularly good results, I have not been able to remove pain entirely by the use of ergot alone. I can endorse all the favorable views of ergot in the treatment of hæmoptysis, as related by Dr. Dobell and Dr. Anstie. I have used the medicine for this purpose during several years past, having been originally led to do so by a consideration of its therapeutic analogies. It does not yet seem to be clearly defined whether there is any stage of phthisis, even the most advanced, which is absolutely beyond the control of ergot, when spitting of blood occurs. Of the exceeding value of the medicine in these cases (though it now and then unaccountably fails), there can be no doubt whatever; and, as the facts are very little known, attention cannot be too often called to them. The action of ergot on the uterus is a proverb: why should it not affect in a similar way a neighboring organ,—the bladder? I have found that that quasi-paralytic condition of the bladder, which may come on in middle-aged persons from over-fatigue or from simple want of power in the coats of the organ, is greatly relieved by the continuous use of ergot, and may be altogether removed. The so-called hysterical paralysis of the bladder in young women is admirably treated with the same medicine (though I cannot deny the occasional necessity for the use of the catheter). Whether this want of power be simply motor weakness, or secondary to some variety of abdominal neuralgia, there is no more splendid combination of medicines than ergot and strychnia (half a drachm of the fluid extract of ergot and five or six minims of the *liquor strychnia*, Ph. B., in chloroform-water, three times a day); and these doses should be continued perseveringly for several weeks, as a very rapid benefit cannot be expected.

**TRAUMATIC DESTRUCTION OF ONE CEREBRAL HEMISPHERE WITHOUT FUNCTIONAL DISTURBANCE.**—The eminent Italian surgeon Porta brought before the Institute of Lombardy, on the 19th of December, 1872, the case of a man who, in consequence of a severe injury, lost the whole of the right hemisphere of the brain. The unconsciousness lasted a few hours, but when the patient recovered his senses he recollected being picked up and taken upon a cart to the hospital. He stayed two months and a half in the institution, the skull exfoliated, and the wound became fungous, when he claimed his discharge, though affected with paralysis on the left side, which had occurred immediately after the infliction of the injury. He subsequently applied at the clinical wards of Pavia, where Dr. Porta had an opportunity of studying the case. Eighteen months had elapsed since the accident, and twelve months since the closure of the wound. The author minutely describes the integrity of the intellectual functions, the amount of paralysis in the upper and lower limbs, and concludes by dwelling on the three following points: 1. That the encephalon is a double organ, composed of two equal parts, and that, one being destroyed, the other survives without functional disturbance. 2. That in the different spheres of the cerebral, medullary, and nervous system, special and diverse functions are perfectly isolated and localized, the disturbance of the



functions following localized injuries. 3. That, in the present case, electricity diminished the paralysis of the arm, and that the improvement would have been more marked had the treatment been sufficiently prolonged.

The case is confirmatory of the well-known experiments on the lower animals, from whom a whole hemisphere was removed.—*London Lancet*, Sept. 6, 1873.

**THE DELIVERY OF THE PLACENTA BY SUPRA-PUBIC PRESSURE.**—Judging from our own experience, and from the number of laudatory papers on this subject, Credé's method of delivering the placenta, or some slight modification of it, bids fair to take the place of every other. The plan which we adopt is as follows. At the maximum of the first uterine contraction after birth of the child, the fundus of the womb is grasped through the abdominal wall, between the thumb in front and the fingers behind. It is then to be both forcibly squeezed and at the same time pressed downward and backward. By means of this uterine expression the placenta and membranes are usually at once detached and extruded. Sometimes, indeed, they will suddenly pop out of the vulva, just as the stone escapes when a cherry is compressed between the finger and thumb. Occasionally it will require two or more pains to effect this; but the sooner this plan is resorted to after the birth of the child, the more easy in execution will it be. Those who, like ourselves, practise this method, contend that it offers many advantages over any other. The risk of communicating any puerperal disease is lessened. The expulsion of the placenta and membranes by a *vis a tergo* is more likely to be complete than by traction on the cord, which cannot be broken, as no traction is made on it. Adherent placenta is less frequently met with. The introduction of the hand into the womb is avoided, and so also, as a consequence, is the ingress of air. Finally, the tonic and energetic contraction of the womb, following this manœuvre, prevents the occurrence of hemorrhage or of unruly after-pains.—*Goodell, in Transactions Med. Soc. Penn.*, June, 1873.

**POISONING BY WILD PARSNIP** [*Sium latifolium* OF GRAY] (by C. B. White, M.D., U.S.A.).—On April 24, 1873, I was called, after dark, to assist E. C., a native of Belgium, aged 49 years, nearly twenty-one years a resident of California, who was suffering from the effects of eating less than one ounce (estimated) of the fresh root of the wild parsnip.

On my arrival, I found that he had received partial relief from vomiting and purging, apparently induced by the root itself, but I found him much excited and very prostrate in strength; pulse 44, skin cold and clammy, pupils somewhat dilated, respiration slow. He complained of great dizziness, lack of mental power, and loss of voluntary motion, headache, sense of fear of death, with a decided burning feeling along the alimentary tract (œsophagus especially), and sense of swelling and flatulence about the bowels. I examined the excreta and became satisfied that most of the root had been ejected, and at once gave him two ounces of whisky, mixed up with a raw egg. After this had revived him, I administered morphine sulphas, gr. one-fourth, and left a compound ipecac powder for later use.

Before I left him he was feeling much better in every way, the skin was warmer, the pulse 50, the respiration and the appearance of the eyes nearly normal.

**PRECOCIOUS MENSTRUATION.**—Dr. R. K. Clark details (*Western Lancet*, Sept. 5) the case of a girl who, soon after completing her fifth year, complained to her mother of pelvic pain and the usual symptoms of approaching menstruation. She soon had a sanguineous show, which continued for three days and then ceased,

but has appeared regularly once in twenty-eight days ever since. She is not precocious in any other respect, not large of her age; but the usual change in form suited to a young lady fifteen or sixteen years of age has taken place, so that she looks like a little woman. An aunt of this child is said to have menstruated at six years of age and continued till she was thirty-eight.

## MISCELLANY.

**CULTURE OF THE OLIVE IN AUSTRALIA.**—The plant is correctly stated as being easily propagated, and from its hardy, drought-resisting nature, the ease with which it can be grown, and the small amount of skill and labor required in its cultivation and in the manufacture of its products, it seems specially adapted to the circumstances of the colony as well as to its soil and climate. As a shelter-plant to break the strong winds, and for planting around dwellings in the country and giving to them that air of snugness so often painfully lacking in the appearance of bush-houses, few plants equal and none excel the olive. The habit of growth is sturdy and compact, the form and color pleasing to the eye, and, in addition to these desirable qualities, the fruit is profitable, so that in this ancient friend of man the useful and ornamental are combined. Taking these facts into consideration, there seems no reason why the roadsides of civilized Australia should not be lined with olive-trees, but, on the contrary, there is every reason why they should, as in the fulness of time no doubt they will be.

With the increase of machinery the demand for oil increases, and in fact the market for it is practically unlimited. In South Australia, from the fruit of trees twenty years old an annual yield of ten gallons of oil per tree has been obtained, which, at 6s. per gallon, gives £3 per tree as the value of the produce. True, the olive cannot be regarded as a source of immediate profit. It requires time before it will bear fruit. Some planted eleven years ago in West Australia are now coming into bearing. On the other hand, the olive-tree is of a very enduring character, and with age increases in value. These characteristics have given rise to the Italian adage, "He who wants to leave a lasting inheritance to his children should plant olives."—*John R. Jackson, A.L.S., in Food Journal*.

THE salt-mines discovered in the Teche country, Louisiana, during the late war, are now being worked, while the surface is covered with growing sugar-cane. The bed, estimated to contain ninety million tons of pure solid rock-salt, is located on an island of 300,000 acres, rising 185 feet above a salt marsh. Access is obtained to this island by a steamboat-line running between Brashear City and New Iberia. The soil is composed of sand, loam, gravel, and clay, and the surface is partially covered with magnolia, live-oak, cypress, maple, locust, gum, walnut, and fruit-bearing trees. The vegetation resembles that of a rich prairie, and the scenery is varied and beautiful. Access to the interior of the salt-mines is obtained by an elevator, running up and

down a forty-foot shaft cut through the solid material. The width of the vein is 120 feet, and the visitor is surrounded on all sides by rock-salt as dry as powder. The absence of moisture is one of the most striking peculiarities, and the iron and steel implements used are quite bright. Two large chambers have been cut out of the vein.—*North American*.

**A USEFUL SOAP.**—The following is commended, by those who have tried it, for scrubbing and cleansing painted floors, washing dishes, and other household purposes: Take two pounds of white olive soap and shave it in thin slices; add two ounces of borax and two quarts of cold water; stir all together in a stone or earthen jar, and let it set upon the back of the stove until the mass is dissolved. A very little heat is required, as the liquid need not simmer. When thoroughly mixed and cooled, it becomes of the consistence of a thick jelly, and a piece the size of a cubic inch will make a lather for a gallon of water.—*Boston Journal of Chemistry*.

**RYE COFFEE IN EUROPE.**—A Strasburger named Beckmann Oloffen has prepared a substitute for coffee by taking pulverized and roasted rye malt, mixing with it one-twentieth its weight of barley malt and some caramel, and exposing it to the vapor from roasting genuine coffee. In this manner part of the aroma always lost in roasting coffee is made use of to flavor the rye coffee. If we accept the conclusions of Aubert, that no caffeine is lost in roasting, the rye coffee has none of the poisonous properties of this alkaloid, and is preferable to the genuine. The discovery is said to have been already patented in England.—*Druggists' Circular*.

**TO KEEP GUM ARABIC FROM MOULDING.**—Solutions of gum arabic soon mould and sour, and finally lose their adhesive property. It is said that sulphate of quinine will prevent this, while it imparts no bad odor of its own. The addition of a solution of a few crystals of this salt to gum arabic will prevent the formation of mould quite as effectually as carbolic acid, and by analogy it is safe to suppose that the same salt could be used in writing-ink, mucilage, and possibly glue.—*Druggists' Circular*.

**MODE OF ADMINISTERING CREASOTE.**—As creasote is now frequently employed in the treatment of typhoid fever, and is exceedingly distasteful to some patients, it may be worth while to mention here a formula which in a great measure covers its flavor, and is easily prepared: Creasote, 3 drops; essence of lemon, 2 drops; orange-flower water, 1 ounce; spring-water, 3 ounces. A spoonful to be taken at frequent intervals throughout the day.—*Canada Medical Journal*.—*Virginia Clinical Record*.

The great fire at Chicago in the autumn of 1871 has produced a large number of lunatics, no fewer than 250 sufferers from it having been adjudged insane by the courts of Illinois.]

The consumption of horse-flesh is rapidly increasing in France. During the first half of the year 1867, 893 horses or mules were slain for consumption, and afforded 320,000 pounds of meat; during the corresponding period of the present year, 5186 animals have been slaughtered, affording about 1,800,000 pounds of meat for public consumption. This is an enormous increase, and the utilization of horses unfit for work, but thoroughly healthy, and not worth more than about £4, will, it is reckoned, increase the public wealth by 400,000,000 of francs.—*London Lancet*.

**FOR CHAFING OF INFANTS.**—Take of powdered starch two parts, white oxide of zinc one part. Make a fine, well-mixed powder. Dust the abraded places with the powder, after proper cleansing.

THERE are several members of the profession in California who own vast tracts of land. Dr. Glenn, of Colusa County, possesses a ranch containing nearly 45,000 acres. It has a frontage of eighteen miles on the Sacramento River, and is enclosed and divided by one hundred and forty miles of fencing.

THE Bengal government (so telegraphs the *Times* correspondent) has ordered the extension of the medical vernacular colleges in Calcutta, Dacca, and Patna.

ON the 8th ult. Professor Hughes Bennett, of Edinburgh, was elected corresponding member of the National Academy of Medicine of France.

PROFESSOR CZERMAK, the celebrated physiologist, whose work on the laryngoscope was translated by the Sydenham Society, died on Monday, September 15, at Leipsic.

M. CLAUDE COLLAS finds in the application of sinapised paper a cure for the bites of gnats.

## OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM OCTOBER 7, 1873, TO OCTOBER 13, 1873, INCLUSIVE.

McKEE, J. C., SURGEON.—Relieved from duty in Department of the East, and to report in person to the Commanding General, Department of California, for assignment. S. O. 197, A. G. O., October 6, 1873.

ALDEN, C. H., SURGEON.—Relieved from duty in the Department of the Lakes, and to report in person to the Commanding Officer, Department of the Columbia, for assignment. S. O. 197, c. s., A. G. O.

WEBSTER, WARREN, SURGEON.—Relieved from duty in the Department of the East, and to report in person to the Commanding General, Department of California, for assignment to duty. S. O. 197, c. s., A. G. O.

McCLELLAN, ELY, ASSISTANT-SURGEON.—Assigned to duty at Headquarters, Department of the South. S. O. 174, Department of the South, October 8, 1873.

HUBBARD, VAN BUREN, ASSISTANT-SURGEON.—Relieved from further duty at these Headquarters, and to join his station at Mississippi City, Mississippi. S. O. 158, Department of the Gulf, October 4, 1873.

BREWER, JOHN W., ASSISTANT-SURGEON.—Granted leave of absence for thirty days. S. O. 195, Department of the East, October 7, 1873.

DE WITT, CALVIN, ASSISTANT-SURGEON.—Relieved from duty in Department of California, to proceed to Harrisburg, Pennsylvania, and report by letter, upon arrival, to the Surgeon-General. S. O. 197, c. s., A. G. O.

GIRARD, A. C., ASSISTANT-SURGEON.—Assigned to duty at McPherson Barracks, Atlanta, Georgia. S. O. 174, c. s., A. G. O.